## **Disclosure of Preneed Funeral Agreement**

The funeral establishmer	nt,			,
license number <u>FD</u>		eral establishment nam , <b>DOES NOT</b>		eneed arrangement, as
defined below, made by	or on behalf of _	(name of deceder	nt)	
If the funeral establish	hment <b>does hav</b>	∕e a preneed agre	ement, complete the fol	lowing:
presented to the pers	on named below	v a copy of the pre	ction 7745, the funeral eneed agreement which d and is in the possess	has been signed and
Signature of funeral estab	lishment representa	ative	Date	
or both goods and service provided until time of deal and Professions Code Sethe decedent that is paid disclosed and presented responsible party.  Funeral Establishment' establishment to present agreement in its possess deceased. The funeral etransmission, as agreed of the stablishment	es for final disponth, and may be ections 7685.6 a for in full or in part to the survior of s Responsibility to the survivor or ion which has be stablishment may upon by the persit a preneed agree.	esition of human resunfunded or may land 7745, a copy of art and is in the positive deceased who are a signed and part the cope son with the right the ement as required	emains in which the good pe paid for in advance of any preneed agreements seession of the funeral or is handling the funeral Professions Code Sectithe responsible party a paid for in full, or in part by in person, by certified to control disposition. At is liable for a civil fine	of need. Under Business ent made by, or on behalf of establishment must be I arrangements, or the copy of any preneed by, or on behalf of the I mail, or by facsimile a funeral establishment that equal to three times the cost
You may contact the Comatters or to file a comple	•		ore information on fune	ral, cemetery or cremation
400 R	tery and Funeral Street, Suite 306 mento, CA 95814	80	800-952-5210 916-322-7737	
Signature of the survivor or res	sponsible party		Date	
Print name of the survivor or re	esponsible party			
Signature of funeral establishm	nent representative		Date	
Print name of funeral establish	ment representative	<del></del>	Title	<del></del>

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.